PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			ocket Number 80220.407
FY 2008			
(Fees pursuant to the Consolidated Appropriation	s Act, 2005 (H.R.		iled Nevember 12, 2002
Application Number 10/712,820	34D) (14D) 41T		iled November 13, 2003
For METHODS OF FABRICATING BRACHYTHERAPY IMPLANT SEEDS, METHODS OF FABRICATING BRACHYTHERAPY IMPLANT SEED CORES, AND BRACHYTHERAPY IMPLANT SEEDS			
Art Unit 3735	Examiner John P. Lacyk		
This is a request under the provisions of 37 CFF reply in the above identified application.	R 1.136(a) to ext	end the period	for filing a
The requested extension and fee are as follows fee below):	(check time per	iod desired and	d enter the appropriate
,	<u>Fee</u>	Small Entit	ty Fee
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60</u>
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	5 \$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this			
application to a Deposit Account.			
The Director is hereby authorized to charge the above fees, or credit any overpayment,			
to Deposit Account Number <u>19-1090</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the ∏ applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration No. <u>37,801</u>			
attogney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
		Jai	nuary 7, 2008
Signature		Date	
Kevin S. Costanza	206-622-4900		
Typed or printed name Telephone Number			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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